

01-02-02

A

12/26/01



Please type a plus sign (+) inside this box [+]

PTO/SB/05 (11-00)

Approved for use through 10/31/2002. OMB 0651-0032

Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

UTILITY PATENT APPLICATION TRANSMITTAL

(Only for new nonprovisional applications under 37 CFR 1.53(b))

Attorney Docket No. 80398.P443

(maximum 12 characters)

First Named Inventor David GaxiolaTitle: DEVICE BASED DETECTION OF USER PREFERENCES IN A HOME NETWORKING ENVIRONMENTExpress Mail Label No. EL672754316USJCS11 U.S. PTO
10/033407

12/26/01

ADDRESS TO: Assistant Commissioner for Patents
Box Patent Application
Washington, D. C. 20231

APPLICATION ELEMENTS

See MPEP chapter 600 concerning utility patent application contents.

1. ☒ **Fee Transmittal Form (e.g., PTO/SB/17)**
(Submit an original, and a duplicate for fee processing)
2. ☐ **Applicant Claims Small Entity Status. (37 CFR 1.27)**
3. ☒ **Specification (Total Pages 18)**
(preferred arrangement set forth below)
 - Descriptive Title of the Invention
 - Cross Reference to Related Applications
 - Statement Regarding Fed sponsored R & D
 - Reference sequence listing, a table,
or a computer program listing appendix
 - Background of the Invention
 - Brief Summary of the Invention
 - Brief Description of the Drawings (if filed)
 - Detailed Description
 - Claim(s)
 - Abstract of the Disclosure
4. ☒ **Drawings(s) (35 USC 113) (Total Sheets 4)**
5. ☒ **Oath or Declaration (Total Pages 6)**
 - a. ☐ Newly Executed (Original or Copy)
 - b. ☐ Copy from a Prior Application (37 CFR 1.63(d))
(for Continuation/Divisional with Box 18 completed)
 - i. ☐ DELETIONS OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).
 - c. ☒ Unsigned.
6. ☐ **Application Data Sheet. (37 CFR 1.76)**
7. ☐ CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)
8. ☐ Nucleotide and/or Amino Acid Sequence Submission
(if applicable, all necessary)
 - a. ☐ Computer Readable Form (CRF)
 - b. ☐ Specification Sequence Listing on:
 - i. ☐ CD-ROM or CD-R (2 copies); or
 - ii. ☐ paper
 - c. ☐ Statement verifying identity of above copies

2/15/01

- 1 -

Variable	Mean	SD	Min	Max
Age	35.5	10.5	18	65
Gender	1.0	0.0	0	1
Marital status	1.0	0.0	0	1
Education	12.5	1.5	9	16
Income	1.0	0.0	0	1
Health status	1.0	0.0	0	1
Smoking status	1.0	0.0	0	1
Alcohol consumption	1.0	0.0	0	1
Exercise frequency	1.0	0.0	0	1
Stress level	1.0	0.0	0	1
Sleep quality	1.0	0.0	0	1
Appetite	1.0	0.0	0	1
Weight change	1.0	0.0	0	1
Blood pressure	1.0	0.0	0	1
Cholesterol level	1.0	0.0	0	1
Glucose level	1.0	0.0	0	1
Hemoglobin A1c	1.0	0.0	0	1
Insulin sensitivity	1.0	0.0	0	1
Body mass index	1.0	0.0	0	1
Waist circumference	1.0	0.0	0	1
Triglyceride level	1.0	0.0	0	1
HDL cholesterol	1.0	0.0	0	1
LDL cholesterol	1.0	0.0	0	1
Total cholesterol	1.0	0.0	0	1
Heart rate	1.0	0.0	0	1
Resting heart rate	1.0	0.0	0	1
Maximum heart rate	1.0	0.0	0	1
Stroke volume	1.0	0.0	0	1
Cardiac output	1.0	0.0	0	1
Stroke volume index	1.0	0.0	0	1
Cardiac output index	1.0	0.0	0	1
Stroke volume reserve	1.0	0.0	0	1
Cardiac output reserve	1.0	0.0	0	1
Stroke volume reserve index	1.0	0.0	0	1
Cardiac output reserve index	1.0	0.0	0	1
Stroke volume reserve reserve	1.0	0.0	0	1
Cardiac output reserve reserve	1.0	0.0	0	1
Stroke volume reserve reserve index	1.0	0.0	0	1
Cardiac output reserve reserve index	1.0	0.0	0	1
Stroke volume reserve reserve reserve	1.0	0.0	0	1
Cardiac output reserve reserve reserve	1.0	0.0	0	1
Stroke volume reserve reserve reserve index	1.0	0.0	0	1
Cardiac output reserve reserve reserve index	1.0	0.0	0	1
Stroke volume reserve reserve reserve reserve	1.0	0.0	0	1
Cardiac output reserve reserve reserve reserve	1.0	0.0	0	1
Stroke volume reserve reserve reserve reserve index	1.0	0.0	0	1
Cardiac output reserve reserve reserve reserve index	1.0	0.0	0	1
Stroke volume reserve reserve reserve reserve reserve	1.0	0.0	0	1
Cardiac output reserve reserve reserve reserve reserve	1.0	0.0	0	1
Stroke volume reserve reserve reserve reserve reserve index	1.0	0.0	0	1
Cardiac output reserve reserve reserve reserve reserve index	1.0	0.0	0	1
Stroke volume reserve reserve reserve reserve reserve reserve	1.0	0.0	0	1
Cardiac output reserve reserve reserve reserve reserve reserve	1.0	0.0	0	1
Stroke volume reserve reserve reserve reserve reserve reserve index	1.0	0.0	0	1
Cardiac output reserve reserve reserve reserve reserve reserve index	1.0	0.0	0	1
Stroke volume reserve reserve reserve reserve reserve reserve reserve	1.0	0.0	0	1
Cardiac output reserve reserve reserve reserve reserve reserve reserve	1.0	0.0	0	1
Stroke volume reserve reserve reserve reserve reserve reserve reserve index	1.0	0.0	0	1
Cardiac output reserve reserve reserve reserve reserve reserve reserve index	1.0	0.0	0	1
Stroke volume reserve reserve reserve reserve reserve reserve reserve reserve	1.0	0.0	0	1
Cardiac output reserve reserve reserve reserve reserve reserve reserve reserve	1.0	0.0	0	1
Stroke volume reserve reserve reserve reserve reserve reserve reserve reserve index	1.0	0.0	0	1
Cardiac output reserve reserve reserve reserve reserve reserve reserve reserve index	1.0	0.0	0	1
Stroke volume reserve reserve reserve reserve reserve reserve reserve reserve reserve	1.0	0.0	0	1
Cardiac output reserve reserve reserve reserve reserve reserve reserve reserve reserve	1.0	0.0	0	1
Stroke volume reserve reserve reserve reserve reserve reserve reserve reserve reserve index	1.0	0.0	0	1
Cardiac output reserve reserve reserve reserve reserve reserve reserve reserve reserve index	1.0	0.0	0	1
Stroke volume reserve reserve reserve reserve reserve reserve reserve reserve reserve reserve	1.0	0.0	0	1
Cardiac output reserve reserve reserve reserve reserve reserve reserve reserve reserve reserve	1.0	0.0	0	1
Stroke volume reserve reserve reserve reserve reserve reserve reserve reserve reserve reserve index	1.0	0.0	0	1
Cardiac output reserve reserve reserve reserve reserve reserve reserve reserve reserve reserve index	1.0	0.0	0	1
Stroke volume reserve reserve reserve reserve reserve reserve reserve reserve reserve reserve reserve	1.0	0.0	0	1
Cardiac output reserve reserve reserve reserve reserve reserve reserve reserve reserve reserve reserve	1.0	0.0	0	1
Stroke volume reserve reserve reserve reserve reserve reserve reserve reserve reserve reserve reserve index	1.0	0.0	0	1
Cardiac output reserve reserve reserve reserve reserve reserve reserve reserve reserve reserve reserve index	1.0	0.0	0	1
Stroke volume reserve reserve reserve reserve reserve reserve reserve reserve reserve reserve reserve reserve	1.0	0.0	0	1
Cardiac output reserve reserve reserve reserve reserve reserve reserve reserve reserve reserve reserve reserve	1.0	0.0	0	1
Stroke volume reserve reserve reserve reserve reserve reserve reserve reserve reserve reserve reserve reserve index	1.0	0.0	0	1

- 18A. If a CONTINUING APPLICATION, check appropriate box and supply the requisite information:**

Applicant(s): Also include a Preliminary Amendment to amend the specification to claim priority. For CONTINUATION AND DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

The undersigned states that _____ (name of assignee) is the assignee of the entire right, title, and interest in the accompanying patent application by virtue of an assignment recorded in the Patent and Trademark Office at Reel No. _____ Frame No. _____ (or a copy of which is attached).

Signature: Chad Date: 12-26-01

FEE TRANSMITTAL FOR FY 2002

TOTAL AMOUNT OF PAYMENT (\$)	<u>1,040.00</u>
-------------------------------------	------------------------

Complete if Known:

Application No. Not Yet Assigned

Filing Date 12/26/01

First Named Inventor David Gaxiola

Group Art Unit Not Yet Assigned

Examiner Name Not Yet Assigned

Attorney Docket No. 80398.P443

METHOD OF PAYMENT (check one)

1. [X] The Commissioner is hereby authorized to charge indicated fees and credit any over payments to:

Deposit Account Number 02-2666

Deposit Account Name _____

- [X] Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17**

- [] Applicant claims small entity status. See 37 CFR 1.27**

2. X Payment Enclosed: X Check
 Money Order
 Other

FEE CALCULATION

1. BASIC FILING FEE

<u>Large Entity</u>		<u>Small Entity</u>			
Fee	Fee	Fee	Fee		
Code	(\$)	Code	(\$)	<u>Fee Description</u>	<u>Fee Paid</u>
101	740	201	370	Utility application filing fee	740.00
106	330	206	165	Design application filing fee	
107	510	207	255	Plant filing fee	
108	740	208	370	Reissue filing fee	
114	160	214	80	Provisional application filing fee	

SUBTOTAL (1) \$ 740.00

2. EXTRA CLAIM FEES

2. <u>EXTRA CLAIM FEES</u>			Fee from <u>below</u>	<u>Fee Paid</u>
	<u>Extra Claims</u>			
Total Claims <u>32</u>	- 20** = <u>12</u>	X	<u>18.00</u>	= <u>216.00</u>
Independent Claims <u>4</u>	- 3** = <u>1</u>	X	<u>84.00</u>	= <u>84.00</u>
Multiple Dependent				=

****Or number previously paid, if greater; For Reissues, see below.**

<u>Large Entity</u>		<u>Small Entity</u>		
<u>Fee</u>	<u>Fee</u>	<u>Fee</u>	<u>Fee</u>	
<u>Code</u>	<u>(\$)</u>	<u>Code</u>	<u>(\$)</u>	<u>Fee Description</u>
103	18	203	9	Claims in excess of 20
102	84	202	42	Independent claims in excess of 3
104	280	204	140	Multiple dependent claim, if not paid
109	84	209	42	**Reissue independent claims over original patent
110	18	210	9	**Reissue claims in excess of 20 and over original patent

SUBTOTAL (2) \$ 300.00

10033407-122601

FEE CALCULATION (continued)


3. ADDITIONAL FEES

Large Entity		Small Entity		Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)		
105	130	205	65	Surcharge - late filing fee or oath	_____
127	50	227	25	Surcharge - late provisional filing fee or cover sheet	_____
139	130	139	130	Non-English specification	_____
147	2,520	147	2,520	For filing a request for ex parte reexamination	_____
099	8,800	099	8,800	Request for inter parties reexamination	_____
112	920*	112	920*	Requesting publication of SIR prior to Examiner action	_____
113	1,840*	113	1,840*	Requesting publication of SIR after Examiner action	_____
115	110	215	55	Extension for reply within first month	_____
116	400	216	200	Extension for reply within second month	_____
117	920	217	460	Extension for reply within third month	_____
118	1,440	218	720	Extension for reply within fourth month	_____
128	1,960	228	980	Extension for reply within fifth month	_____
119	320	219	160	Notice of Appeal	_____
120	320	220	160	Filing a brief in support of an appeal	_____
121	280	221	140	Request for oral hearing	_____
138	1,510	138	1,510	Petition to institute a public use proceeding	_____
140	110	240	55	Petition to revive - unavoidable	_____
141	1,280	241	640	Petition to revive - unintentional	_____
142	1,280	242	640	Utility issue fee (or reissue)	_____
143	460	243	230	Design issue fee	_____
144	620	244	310	Plant issue fee	_____
122	130	122	130	Petitions to the Commissioner	_____
123	50	123	50	Processing fee under 37 CFR 1.17(q)	_____
126	180	126	180	Submission of Information Disclosure Stmt	_____
581	40	581	40	Recording each patent assignment per property (times number of properties)	_____
146	740	246	370	For filing a submission after final rejection (see 37 CFR 1.129(a))	_____
148	110	248	55	Statutory Disclaimer	_____
149	740	249	370	For each additional invention to be examined (see 37 CFR 1.129(b))	_____
179	740	279	370	Request for Continued Examination (RCE)	_____
169	900	169	900	Request for expedited examination of a design application	_____
195	300	195	300	Publication fee for early, voluntary, or normal pub.	_____
196	300	196	300	Publication fee for republication	_____
194	130	194	130	Request for voluntary publication or republication	_____
098	130	098	130	Processing fee under 37 CFR 1.17(i) (except provisionals)	_____
091	1,280	091	1,280	Acceptance of unintentionally delayed claim for priority	_____
Other fee (specify) _____					_____
Other fee (specify) _____					_____
SUBTOTAL (3) \$					0

*Reduced by Basic Filing Fee Paid

SUBMITTED BY:

Typed or Printed Name: Andre M. Gibbs

Signature:  Date: 12-26-01

Reg. Number: 47,593 Telephone Number: (408) 720-8300